



I 0186 83-001

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

ENQL 7-1 CY07
PERMANENT
Retire 07/12

July 17, 2007

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effects
incident (dated May 17, 2007) for the reporting period ending
July 30, 2007**

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This single incident report, received after submission of our July 11th aggregate report, is for the following pesticide product:

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

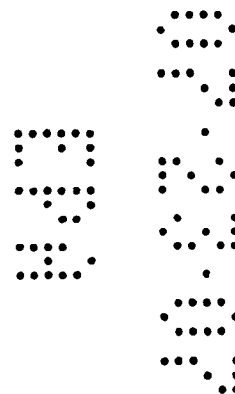
<u>Incident Category</u>	<u>No. of Incidents</u>
H-D	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE H-D	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 05/17/07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE Texas	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Discharge of Device(human exposure)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Pasture, non-crop area	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] individual stepped on or kicked the device
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME sodium cyanide	ACTIVE INGREDIENT sodium cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Individual entered the _____ and came upon the device at approximately 19:30. Individual kicked or stepped on the device which was marked by an elevated sign. Individual entered the property through a posted cattleguard entrance (posted with M-44 warning sign). Individual's supervisor, _____, reported that the individual was not authorized to be on the property.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE 06/04/07
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE 6/27/07

HUMAN INCIDENT - SUPPLEMENTAL REPORT

ROUTE OF EXPOSURE

☐ Oral ☐ Respiratory ☒ Eye ☐ Skin

ES USE ONLY

REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

The individual kicked or stepped on the M-44 device and cyanide was ejected into his eyes. Individual reported that his eyes were irritated and burning.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS

immediate

WAS ADVERSE EFFECT THE RESULT OF

Suicide/homicide ☐ Yes ☒ No
 Attempted Suicide/homicide ☐ Yes ☒ No

TYPE OF MEDICAL CARE SOUGHT

First medical care was administered by Texas EMS. Additional treatment was administered by

DEMOGRAPHICS

Sex ☒ Male ☐ Female Age If female, pregnant? ☐ Yes ☐ No Occupation Mosquito Control Technician

EXPOSURE DATA

Amount of Pesticide 1 capsule Duration of Exposure Weight of Victim 200 lbs Was the exposure occupational ☐ Yes ☒ No If "Yes", work days lost to illness related to exposure

WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, describe)

☐ Yes ☒ No

ADDITIONAL FACTORS

NAME OF PREPARER

SIGNATURE

DATE
06/04/07

NAME OF SUPERVISOR

SIGNATURE

DATE

TX

Sheriff:

INCIDENT/OFFENSE REPORT

PAGE 1

Incident ID: 1198369 Case #: 07-05-0901 Off Date: 05/17/2007 Time: 20:00
Status : CE (CLEARED BY EXCEPTION)

Location Type:
Premises :

INITIAL CALL INFORMATION

Initial Call Reported By:
TEXAS; DATUM MACHINING

Received By:
Date: 05/17/2007
Time: 07:31pm
Meth: 911

Nature of Call : INDUSTRIAL ACCIDENT

INCIDENT/OFFENSE INFORMATION

Offense Code/Description.....
0001 (INDUSTRIAL ACCIDENT)

Att/Compl. Offender(s) Used.....
COMPLETED

Offense/Incident Location:
Area:

Area of Off:
Subdiv/Grid: 655M

TX

Officer/Unit Assigned.....	Date.....	Disp..	Arr...	Clear.	Total.	Disposition.....
	05/17/2007	19:37	19:41	19:58	00:21	ASSISTANCE GIVEN
	05/17/2007	19:57	19:57	23:05	03:08	ASSISTANCE GIVEN
	05/17/2007	20:36	20:36	23:06	02:30	ASSISTANCE GIVEN
	05/17/2007	20:59		22:19	01:20	ASSISTANCE GIVEN
	05/17/2007	21:09		22:19	01:10	ASSISTANCE GIVEN
	05/17/2007	23:05		23:06	00:00	REPORT TAKEN

Investigator Assigned :
Family Violence (Y/N)? : N

COMPLAINANT/VICTIM INFORMATION

PID..... Name of Victim/Complainant..... Description..... Address..... Phone..... Injury Type.....
M134746
H:
W:

TX

OTHER RELATED PERSON INFORMATION

PID..... Name of Person..... Description..... Address..... Phone..... Comments.....
COMPLAINANT
278158
H:
W:

REPORTING OFFICER

APPROVED BY

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County Sheriff's Office Summary Report

Offense	Information Report	Case No.	07-05-0901
Officer		Date/Time	05-17-07-2000

On above date, time and location I was dispatched in reference to an industrial accident. Report taken.

County Sheriff's Office Narrative Report

Offense	Information Report	Case No.	07-05-0901
Officer		Date/Time	05-17-07-2000

INVESTIGATION:

On 05-17-07 at approx. 1957 hours I was dispatched to _____ and _____ in _____, TX for an industrial accident. Upon arrival I observed _____ EMS on scene in the parking lot of a small business on _____ and _____ I observed a _____ being checked out by _____ EMS and flushing his eyes. The victim was

identified by TX DL as _____ who reported to me that he was in the oil fields on _____ spraying for mosquitoes when _____ came into contact with an aerosol coyote trap. The victim reported to me that he did step on or kick the trap and a powder came out containing cyanide and got into his eyes. He then reported that he was a _____ employee. He drove down _____ to this small business on _____ and made contact with a named _____ who observed the victim to be disoriented and complaining about his eyes burning. I made contact with the reportee she reported that's all she knew and then called 911. EMS was then enroute to _____ I then contacted a supervisor who told me to contact _____ and ask for a pumper to take me to the coyote trap on their land. I then received a message to go home immediately and take a shower due to cyanide chemical in the trap. Once I took a shower I was told by a supervisor it was ok to return to duty as long as I was not in direct contact with the chemical. I was not. I then met _____ on the oil field road where the trap supposedly was. _____ then informed me that the road and land is privately owned and that a _____ named _____ was hired to set up those traps by the owner of the land. Also the employees did not know anything about the traps. The traps were noted with warning signs in both English and Spanish and there was a sign posted in the entrance of the oil field road. Condition of victim as unknown at this time. Also I informed everyone on scene who came into contact with the victim to shower immediately also.

INTERVIEW:

Victim stated that he kicked or stepped on a coyote trap containing cyanide powder. He was on some dirt road in the oil field off _____

Reportee

Reportee stated that a _____ male was asking for help acting disoriented and complaining of eyes burning. He said he was sprayed with cyanide. Reportee was drinking beer when interview was conducted.

NEGATIVE INTERVIEW:

none

INVESTIGATIVE LEADS:

none

EVIDENCE:

none

DISPOSITION:

Exceptional clearance